

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**

SERIAL NO. 10784425  
APPLICANT(S)

FILING DATE

CLAIMS						
	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	/	/				
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30	6	/				
31	6	/				
32	1	/				
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36	/	/				
37	2	/				
38	④	/				
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42	2	/				
43	2	/				
44	④	/				
45	2	/				
46	2	/				
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TOTAL IND. TOTAL DEP. TOTAL CLAIMS						

  

51	/	/				
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